

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **APPARATUS FOR TREATMENT OF SPINAL DISORDERS** the specification of which X is attached hereto or \_\_\_\_\_ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign applications(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)**

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
WIPO	PCT/US00/13706	May 17, 2000	Yes <u>X</u> No _____

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/224,107	08/09/00

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status
09/316,472	May 21, 1999	<u>_</u> Patented <u>X</u> Pending <u>_</u> Abandoned
09/295,687	April 21, 1999	<u>_</u> Patented <u>X</u> Pending <u>_</u> Abandoned
09/054,323	April 2, 1998	<u>_</u> Patented <u>X</u> Pending <u>_</u> Abandoned
09/268,616	March 15, 1999	<u>_</u> Patented <u>X</u> Pending <u>_</u> Abandoned
08/990,374	December 15, 1997	<u>X</u> Patented <u>_</u> Pending <u>_</u> Abandoned
08/485,219	June 7, 1995	<u>X</u> Patented <u>_</u> Pending <u>_</u> Abandoned
09/026,851	February 20, 1998	<u>_</u> Patented <u>X</u> Pending <u>_</u> Abandoned
08/690,159	July 18, 1996	<u>X</u> Patented <u>_</u> Pending <u>_</u> Abandoned

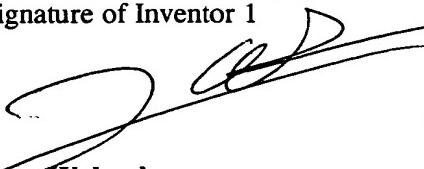
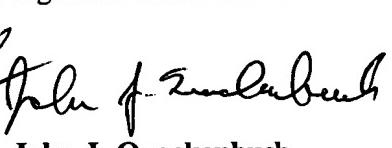
**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**John T. Raffle, Reg. No. 38,585**

Send Correspondence to:  ArthroCare Corporation 595 N. Pastoria Avenue Sunnyvale, California 94085-2936	Direct Telephone Calls to: (Name, Reg. No., Telephone No.)  Name: John T. Raffle Reg. No.: 38,585 Telephone: (408) 736-0224
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Full Name of Inventor 1	Last Name <b>WOLOSZKO</b>	First Name <b>JEAN</b>	Middle Name or Initial
Residence & Citizenship	City <b>Mountain View</b>	State/Foreign Country <b>California</b>	Country of Citizenship <b>France</b>
Post Office Address	Post Office Address <b>1694 Columbia Drive</b>	City <b>Mountain View</b>	State/Country Zip Code <b>California 94040</b>
Full Name of Inventor 2	Last Name <b>ORMSBY</b>	First Name <b>THEODORE</b>	Middle Name or Initial <b>C.</b>
Residence & Citizenship	City <b>Milpitas</b>	State/Foreign Country <b>California</b>	Country of Citizenship <b>United States of America</b>
Post Office Address	Post Office Address <b>2357 Dubois Street</b>	City <b>Milpitas</b>	State/Country Zip Code <b>California 95035</b>
Full Name of Inventor 3	Last Name <b>QUACKENBUSH</b>	First Name <b>JOHN</b>	Middle Name or Initial <b>J.</b>
Residence & Citizenship	City <b>Santa Clara</b>	State/Foreign Country <b>California</b>	Country of Citizenship <b>United States of America</b>
Post Office Address	Post Office Address <b>2441 Austin Place</b>	City <b>Santa Clara</b>	State/Country Zip Code <b>California 95050</b>
Full Name of Inventor 4	Last Name <b>MARTINI</b>	First Name <b>BRIAN</b>	Middle Name or Initial
Residence & Citizenship	City <b>Menlo Park</b>	State/Foreign Country <b>California</b>	Country of Citizenship <b>United States of America</b>
Post Office Address	Post Office Address <b>25 Harrison Way</b>	City <b>Menlo Park</b>	State/Country Zip Code <b>California 94025</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
 <b>Jean Woloszko</b>	 <b>Theodore C. Ormsby</b>	 <b>John J. Quackenbush</b>
Date	Date	Date
Signature of Inventor 4		
 <b>Brian Martini</b>		
Date		

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c)) - SMALL BUSINESS CONCERN**

Applicant or Patentee: Jean Woloszko et al.

Application or Patent No.: unassigned

Filed or Issued: herewith

Title: APPARATUS FOR TREATMENT OF SPINAL DISORDERS

I hereby declare that I am:

- the owner of the small business concern identified below:  
 an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Small Business Concern: ArthroCare Corporation

Address of Small Business Concern: 595 Pastoria Avenue, Sunnyvale, CA 94085

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled APPARATUS FOR TREATMENT OF SPINAL DISORDERS by inventor(s) Jean Woloszko, Theodore C. Ormsby, John J. Quackenbush, and Brian Martini described in:

- the specification filed herewith.  
 Application No. \_\_\_\_\_, filed \_\_\_\_\_.  
 Patent No. \_\_\_\_\_, issued \_\_\_\_\_.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name \_\_\_\_\_

Address \_\_\_\_\_

- Individual       Small Business Concern       Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Michael A. Baker

Title of Person if Other than Owner: President and CEO

Address of Person Signing: 595 N. Pastoria Ave., Sunnyvale, CA 94085

Signature

